

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2014
NAME OF PROVIDER OR SUPPLIER MULBERRY HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 502 W JACKSON ST MULBERRY, IN 46058		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This deficiency reflects state findings cited in accordance with 410 IAC 16.2.	R 000		
R 156	410 IAC 16.2-5-1.5(m) Sanitation and Safety Standards - Deficiency (m) The facility's food supplies shall meet the standards of 410 IAC 7-24. This RULE is not met as evidenced by: Based on observation,interview and record review, the facility failed to ensure canned goods were properly dated in 1 of 1 dry storage area and failed to ensure proper facial hair coverage for 1 of 5 male employees observed during the initial kitchen tour. This had the potential to effect 5 of 5 residents receiving meals from the kitchen. Findings include: A tour of the kitchen was conducted on 2/14/14 at 10:30 a.m. The following items were noted: 1. The canned goods in the storage area were observed to be undated. During an interview conducted with the Registered Dietician (RD) at the time of the tour, she indicated that dates should be placed on all received items in the dry storage area. The policy for food storage was provided by the RD on 2/21/14 at 8:28 a.m. It indicated old stock is always first (First in-First out method). There was no date on the policy. 2. Cook #1 was observed to wear his beard cover over chin area only leaving sideburn area exposed. The same method of beard covering	R 156		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 156	<p>Continued From page 1</p> <p>was noted during dining observation on 2/14/14 at 12:20 p.m.</p> <p>During an interview conducted with the RD and the Dietary Manager on 2/17/14 at 1:30 p.m., they indicated awareness that facial hair should be completely covered.</p> <p>The policy for safe food management was provided by the RD on 2/21/14 at 8:28 a.m. It indicated hair and beards must be restrained. There was no date on the policy.</p>	R 156			